



STATE OF OREGON Employee Pre-Tax Parking Waiver Form

Fleet & Parking Services
1100 Airport Rd SE
Salem, OR 97301-6082
503-378-5090
503-378-2157 fax
state.parking@oregon.gov
<https://www.oregon.gov/DAS/FleetPark>

Employee Name _____ **Employee ID#** _____
Last First MI (Non-state employees, enter last 4 digits of SS #)

Agency Name _____ **Agency Number** _____

Division/Section _____

Worksite Address _____
Street/City/Zip

Work Phone _____ **Email** _____
For events and issues relative to your assignment

YOUR VEHICLE DESCRIPTIONS:

Vehicle #1 – Year/Make/Model _____ State _____ Plate _____

Vehicle #2 – Year/Make/Model _____ State _____ Plate _____

Vehicle #3 – Year/Make/Model _____ State _____ Plate _____

I elect to waive the opportunity to participate in the Pre-Tax Parking Plan. I understand that by not participating in the Plan, any cost I am required to pay for my parking through payroll deductions will be made after all applicable federal and state taxes have been withheld.

I understand that parking regulated by the Department of Administrative Services is subject to the provisions of [OAR Chapter 125](#), and ORS Chapters [98](#), [276](#), [283](#), and [292](#). By accepting a parking assignment made by the Department, I agree to abide by these rules and laws. I further understand that failure to abide by these rules and laws may result in citation, prosecution and/or loss of parking privileges.

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Lot assigned, space/permit number _____ Monthly rate PKXN _____

Effective date _____ Payroll notification _____